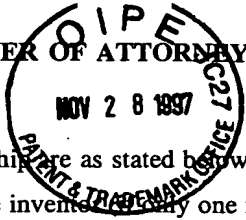


SUBSTITUTE DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT



As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if my one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **DETERMINATION OF AMBIENT CONCENTRATION OF SEVERAL ANALYTES**

the specification of which [check one(s) applicable]

☒ was filed May 23, 1995 as U.S. Application No. 08/447,820
 and was amended by Amendment filed _____ (if applicable); [or];
 is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

CLAIM UNDER 35 USC §120: I hereby claim the benefit under 35 USC §120 of the prior United States application(s) listed below:

<u>Prior U.S. Application(s)</u>	<u>Filing Date</u>	<u>Status</u>
07/984,264	1 December 1992	U.S. Patent 5,432,099; issued 11 July 1995
07/460,878	2 February 1990	Abandoned

Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in Rule 56(a) [37 CFR §1.56(a)] which occurred between the filing date of the prior U.S. application and the national or PCT international filing date of this application.

CLAIM UNDER 35 USC §119: I hereby claim foreign priority benefits under 35 USC §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

<u>Application No.</u>	<u>Country</u>	<u>Filing Date</u> <u>Day-Mo-Year</u>	<u>Priority Claimed</u> <u>Yes - No</u>
GB 87/00558	PCT (GB)	6 Aug 1987	Yes
8803000	GB	10 Feb 1988	Yes
87306995.9	EPO	6 Aug 1987	No
543928	Canada	6 Aug 1987	No

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643** and **Henry H. Skillman, Reg. No. 17,352.**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.

DIRECT INQUIRIES TO: Patrick J. Hagan, Esq.
 Telephone: (215) 563-4100
 Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

Full Name Roger P. EKINS
 First Middle Last
 Signature [Signature]
 Date 20 November 1997
 Residence London, Great Britain
 City State or Country
 Citizenship British
 Post Office Address:
Department of Molecular Endocrinology, Middlesex Hospital
Medical School, Mortimer Street
London W1N 8AA, United Kingdom
 City State or Country Zip Code

SECOND JOINT INVENTOR (IF ANY)

Full Name _____
 First Middle Last
 Signature _____
 Date _____
 Residence _____
 City State or Country
 Citizenship _____
 Post Office Address: _____
 City State or Country Zip Code